

"Oral health for all"



**Testimony to the Appropriations Committee  
In Opposition to  
Governor Rell's 3-1-10 Deficit Mitigation Plan for Fiscal Year 2010**

Lisa Reynolds, Executive Director  
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Thursday, March 11, 2009

Good afternoon Senator Harp, Co-Chair; Representative Geragosian, Co-Chair, and members of the Appropriations Committee. I am Lisa Reynolds, the Executive Director of COHI, the Connecticut Oral Health Initiative. We are the state's leading oral health advocate and our mission is 'oral health for all.' I am grateful to have the opportunity to discuss our opposition to the March 1, 2010 Deficit Mitigation Plan offered by Governor Rell.

Item 62 in the deficit mitigation plan calls for the suspension of non-emergency dental services for adults under Medicaid and SAGA, even though these are the routine, affordable services that draw federal funds into our state and, more importantly, effectively prevent unnecessary suffering and inhibit more costly care. I'm sure you're aware of the Deamonte Driver case in Maryland, where the denial of about \$80 of non-emergency care resulted in the state spending \$250,000 in emergency treatment. Or the Blanche LaVire case in Michigan, where the governor eliminated these very same "non-emergency" dental services for adults on Medicaid and that 76 year-old woman lost her life. That was unacceptable in Maryland, unacceptable in Michigan, and it is unacceptable in Connecticut.

Our state has a new imperative to sustain these essential services. Connecticut will receive \$66 million dollars in new federal funding, specifically designed to help us maintain services under Medicaid. We can access \$40 million of those dollars for this fiscal year. As you deliberate how the state can prioritize resources and services, recall that we have already made deep cuts. But cuts are not enough: we have to address the elephant in the room: revenue. Our state requires a balanced approach to survive this fiscal crisis. Continuing to place the burden on already overwhelmed and struggling families; continuing to be penny-wise and pound foolish by harming the services that support our state's health and vitality; continuing to ignore all of the options before us, like increasing revenue – this too must be unacceptable.

In closing, COHI has delivered over 2,500 post cards from constituents across the state to Governor Rell, imploring our elected leaders to protect dental care and basic health services. We ask the Appropriations Committee, collectively and individually, to protect the services that are vital to low-income families, pregnant women, persons with disabilities and older adults.

Thank you.

# DON'T CUT DENTAL!

Connecticut **must** preserve non-emergency dental care for adults covered by Medicaid/SAGA. These routine services are affordable, prevent additional costs and –most importantly– reduce unnecessary suffering:

In Maryland young Deamonte Driver inadvertently lost his Medicaid coverage. The non-emergency care which might have saved his life, at a cost of about \$80, was denied. The state of Maryland, however, did pick up the tab for his emergency care at a cost of more than \$250,000 (sadly the two operations and six weeks of hospital care did not save his life). **Non-emergency dental care is a prudent investment that SAVES money.**

Michigan eliminated non-emergency dental care for adults on Medicaid. Blanche LaVire, 76, died from a severe dental infection. When doctors tried to schedule her surgery, they discovered she was no longer covered because *the governor directed that all oral health services, with the exception of emergency care, be eliminated.* **Blanche's condition, which caused her death, didn't meet the standard for emergency care. WILL YOURS?**

Non-emergency dental care for adults on Medicaid and SAGA is the responsible course of action:

- **Saves money.** A three-year comparison of Medicaid reimbursement shows that it costs ten times more to treat dental emergencies in the hospital than it does to provide preventive care in a dental office. Routine dental care is cheap compared to the problems that result from undetected and untreated oral health issues.
- **Ensures appropriate care.** Already over-burdened emergency rooms cannot take the place of appropriate in-office care. Emergency room physicians might not be qualified to diagnose or treat dental conditions. Ironically, patients with dental emergencies may be given limited treatment (pain medication, antibiotics) **and then advised to see a dentist.**
- **Oral health = HEALTH.** Since the mouth is a part of the body, oral health should be viewed as an integral component of overall health services. Poor oral health and lack of regular access to dental care are directly related to serious and expensive systemic health conditions and diseases such as heart disease, diabetes, systemic infection, pneumonia, cancers and more. This is particularly true for older adults, people with disabilities and persons with special needs – individuals who often rely upon Medicaid.
- **It's about public health.** Dental caries, an infectious disease that can be transmitted from parents to newborns and young children, can be prevented. Caries is the most common health condition affecting children in America. Additionally, parents' use of dental services is a predictor of children's utilization of care.
- **It's the economy.** Connecticut's access to essential health services through Medicaid is subsidized by federal dollars: lose the service, lose the funds. Much of Connecticut's health care industry relies upon Medicaid spending; cuts could have a profound effect (jobs, employability, financial security).

**Connecticut cannot afford to be penny wise and pound foolish:  
DON'T CUT DENTAL!**

Ask us for your FREE copy of our jaw-dropping report "Got Teeth?"



Connecticut Oral Health Initiative